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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/IB01/00797 05/09/2001
 and is a CON of 09/416,901 10/13/1999 PAT 6,699,671
 which is a CIP of 09/404,133 09/23/1999 ABN
 and is a CIP of PCT/US99/20881 09/23/1999
 which claims benefit of 60/101,594 09/24/1998
 and said 09/416,901 10/13/1999
 claims benefit of 60/155,493 09/23/1999

** FOREIGN APPLICATIONS *****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 18	TOTAL CLAIMS 150	INDEPENDENT CLAIMS 16
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

ALZHEIMER'S DISEASE, SECRETASE, APP SUBSTRATES THEREFOR, AND USES THEREFOR

FILING FEE RECEIVED 5080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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